5,000,000

1,000,000

1,000,000 1,000,000

\$0 ded

\$500 ded

\$



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/06/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER Thompson-Cunningham Ins Agency 5760 N High St Worthington, OH 43085 Daniel T. Rabold PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): PRODUCER CUSTOMER ID #: BALDW-1 INSURER(S) AFFORDING COVERAGE NAIC# BALDWIN & SOURS Inc 4 4004

11434	T & SS Properties Limited Part nership 5263 Trabue Rd. Columbus, OH 43228				INSURER B : INSURER C : INSURER D : INSURER E :				14021
					INSURER F:				
co	VERAC	GES CEI	RTIFICATI	E NUMBER:	REVISION NUMBER:				
C	NDICATE ERTIFIC XCLUSI	TO CERTIFY THAT THE POLICIE ED NOTWITHSTANDING ANY R CATE MAY BE ISSUED OR MAY ONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α		OMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		33.228764-20E	04/24/2016	04/24/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	s s	1,000,000 50,000 5,000
		CENTRO TEXAL 71 COCCIT		j			PERSONAL & ADV INJURY	s	1,000,000
				1			GENERAL AGGREGATE	\$	2,000,000
		AGGREGATE LIMIT APPLIES PER DLICY PRO- DECT LOC					PRODUCTS - COMPIOP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY		33,228764-20E	04/24/2045	04/24/2017	COMBINED SINGLE LIMIT (Ea accident)	5	1,000,000	
Α	-	OTUA YN		33.220/64-2UE	1 04/24/2011	04/24/2017	BODILY INJURY (Per person)	\$	
	AL	L OWNED AUTOS		! !		i	BODILY INJURY (Per accident)	\$	
	34	CHEDULED AUTOS RED AUTOS				i	PROPERTY DAMAGE (PER ACCIDENT)	5	
	X NO	ON-OWNED AUTOS						5	
								5	
	UN	MBRELLA LIAB X OCCUR	i				EACH OCCURRENCE	5	5,000,000

Limit-\$25,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

33.228764-20E

33,228764-20E

33.228764-20E

X OCCUR

CLAIMS-MADE

N/A

CERTIFICATE HOLDER	CANCELLATION				
Lexington Fayette Urban County Government	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
200 E. Main St. Lexington, KY 40507	AUTHORIZED REPRESENTATIVE Jessa Dilicatan				

EACH OCCURRENCE

TORY LIMITS X ER

E L DISEASE - EA EMPLOYEE \$

E L DISEASE - POLICY LIMIT S

AGGREGATE

Collision

04/24/2016 04/24/2017

04/24/2016 04/24/2017 E L EACH ACCIDENT

04/24/2016 04/24/2017 Comp

EXCESS LIAB

DEDUCTIBLE

RETENTION WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

Hired Auto Phys Dm

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below